

Rec'd PST/PTO 30 AUG 2005

10/511229

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|---|----------------------|---|--|--|
| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/511,229 | | |
| | Filing Date | October 12, 2004 | | |
| | First Named Inventor | Ilaria CAPUA | | |
| | Title | PURIFIED SUBFRAGMENT CODIFYING FOR NEUROAMINIDASE, RECOMBINANT NEUROAMINIDASE AND ITS USE IN ZOOPROPHYLAXIS | | |
| | Art Unit | Not Yet Assigned | | |
| | Examiner Name | Not Yet Assigned | | |
| | Attorney Docket No. | 404172000300 | | |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 25226

OR

☐ Practitioner(s) named below:

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
| | | | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| City | State | Zip |
| Country | Telephone | Fax |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|-----------------|
| Signature | <i>Ilaria Capua</i> | Date | 26.07.2005 |
| Name | ILARIA CAPUA | Telephone | +39 049 8084369 |
| Title and Company | DR - Istituto zooprofilattico delle Venezie | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

| | | | |
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| Signature | <i>Giovanni Cattoli</i> | Date | 26/07/2005 |
| Name | GIOVANNI CATTOLI | Telephone | 049 8084384 |
| Title and Company | DR. ISTITUTO ZOOPROFILATTICO SPER. LE VENEZIE | | |

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SIGNATURE of Applicant or Assignee of Record

| | |
|--|-----------------|
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| [Signature] | 26/07/2005 |
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| Title and Company | |
| DR. ISTITUTO ZOOPROFILATTICO SPERIMENTALE DELL'USNERIS | |

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